

**Provider Type 38 Home and Community Based Waiver
Mental Retardation Services
Reimbursement Rates**

Update: November 1, 2010

The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

CPT codes, descriptions and other data only are copyright © 2008 American Medical Association. All rights reserved. Applicable FARS/DFARS apply. CPT is a registered trademark ® of the American Medical Association.

Proc Code	Description	Mod	Rate
96152	INTERVENE HLTH/BEHAVE, INDIV	HN	18.46
96152	INTERVENE HLTH/BEHAVE, INDIV	HO	21.23
H0004	ALCOHOL AND/OR DRUG SERVICES		25.57
H0004	ALCOHOL AND/OR DRUG SERVICES	HQ	6.39
S9123	NURSING CARE IN HOME RN		36.73
S9123	NURSING CARE IN HOME RN	TV	55.10
S9124	NURSING CARE, IN THE HOME; B		27.28
S9124	NURSING CARE, IN THE HOME; B	TV	40.92
S9470	NUTRITIONAL COUNSELING, DIET		56.10
S9470	NUTRITIONAL COUNSELING, DIET	TN	65.45
T2003	N-ET; ENCOUNTER/TRIP		50.00
T2014	HABIL PREVOC WAIVER, PER D		146.22
T2017	HABIL RES WAIVER (DIRECT SERVICE) 15 MIN		6.25
T2017	HABIL RES WAIVER (NIGHT SERVICES) 15 MIN	UJ	3.12
T2018	HABIL SUP EMPL WAIVER/DIEM		146.22
T2020	DAY HABIL WAIVER PER DIEM		146.22
T2038	COMM TRANS WAIVER/SERVICE		18.86